

IAP20 Res'd PCT/PTO 07 FEB 2006

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	LAMP WITH SINGLE-SIDED SOCKET
Attorney Docket Number::	03P11857
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: JOACHIM  
Middle Name::  
Family Name:: ARNDT  
City of Residence:: BRIESELANG  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: BIRKENALLEE 29

City of Mailing Address:: BRIESELANG  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 14656

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: UWE  
Middle Name::  
Family Name:: FIDLER  
City of Residence:: BERLIN  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: WALDENSERSTR. 32

City of Mailing Address:: BERLIN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 10551

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: JÜRGEN  
Middle Name::  
Family Name:: GRÄF  
City of Residence:: AUGSBURG  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: ELMAUERWEG 11A

City of Mailing Address:: AUGSBURG  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 86163

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: MARKUS  
Middle Name::  
Family Name:: HERB  
City of Residence:: GÜNZBURG  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: BLUMENSTR. 10

City of Mailing Address:: GÜNZBURG  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 89312

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY

Status:: Full Capacity  
Given Name:: ANTON  
Middle Name::  
Family Name:: SCHLÖGL  
City of Residence:: BIBERBACH  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: VON PAPPENHEIM-STR. 4

City of Mailing Address:: BIBERBACH  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 86485

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: JÜRGEN  
Middle Name::  
Family Name:: WALDMANN  
City of Residence:: BERLIN  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: HACKLÄNDERWEG 31A

City of Mailing Address:: BERLIN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 14089

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: BERNHARD

Middle Name::  
 Family Name:: ZÖLLNER  
 City of Residence:: WESTENDORF  
 State or Province of Residence::  
 Country of Residence:: GERMANY  
 Street of Mailing Address:: AKAZIENRING 14  
  
 City of Mailing Address:: WESTENDORF  
 State or Province of Mailing Address::  
 Country of Mailing Address:: GERMANY  
 Postal or Zip Code of Mailing Address:: 86707

**Correspondence Information**

Correspondence Customer Number:: 24,252  
 Name:: OSRAM SYLVANIA  
 Street of Mailing Address:: 100 Endicott Street  
 City of Mailing Address:: Danvers  
 State or Province of Mailing Address:: Massachusetts  
 Country of Mailing Address:: United States  
 Postal or Zip Code of Mailing Address:: 01923  
 Address::  
 Phone Number:: 978-777-1900  
 Fax Number::  
 E-Mail Address::

**Representative Information**

Representative Customer Number::	24,252
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/DE2004/001710	7/30/04

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**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
GERMANY	103 36 282.7	8/7/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::